

POSNA / SLAOTI Traveling Fellowship 2016



Traveling Fellows



- Agustina Ponzzone, MD – Argentina
- Cinthia Faraco Martinez Cebrian, MD – Brazil
- José Pablo Muñoz Espeleta, MD – Costa Rica



Cinthia

José

Agustina

First Stop: ORLANDO!

- April, 17: American Barbacue at Dr. Lovejoy's home
- and boat tour (Lake Conway)



Nemours®

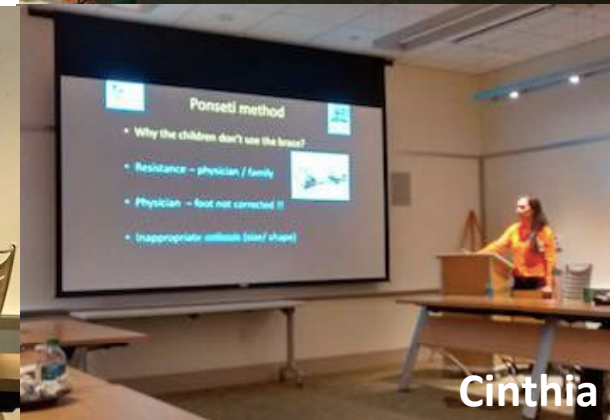
• April, 18:

Morning – Case Conference – Dr. Frick

- Clinics – Dr. Frick

- OR – Dr. Lovejoy and
Dr. Stanton

Afternoon – Academic Session



Nemours®



Nemours®

- Dinner with faculty
- Canvas Restaurant at Lake Nona





ARNOLD PALMER HOSPITAL
For Children

Supported by Arnold Palmer Medical Center Foundation

- April, 19:
- Dr. Herrera-Soto – OR



INTERNATIONAL
HIP DYSPLASIA
INSTITUTE





ARNOLD PALMER HOSPITAL
For Children

Supported by Arnold Palmer Medical Center Foundation

- Dinner at a typical Puerto Rican Restaurant with Dr. Herrera-Soto
- We heard latin music all over the way!



Now I have a POSNA/SLAOTI playlist!



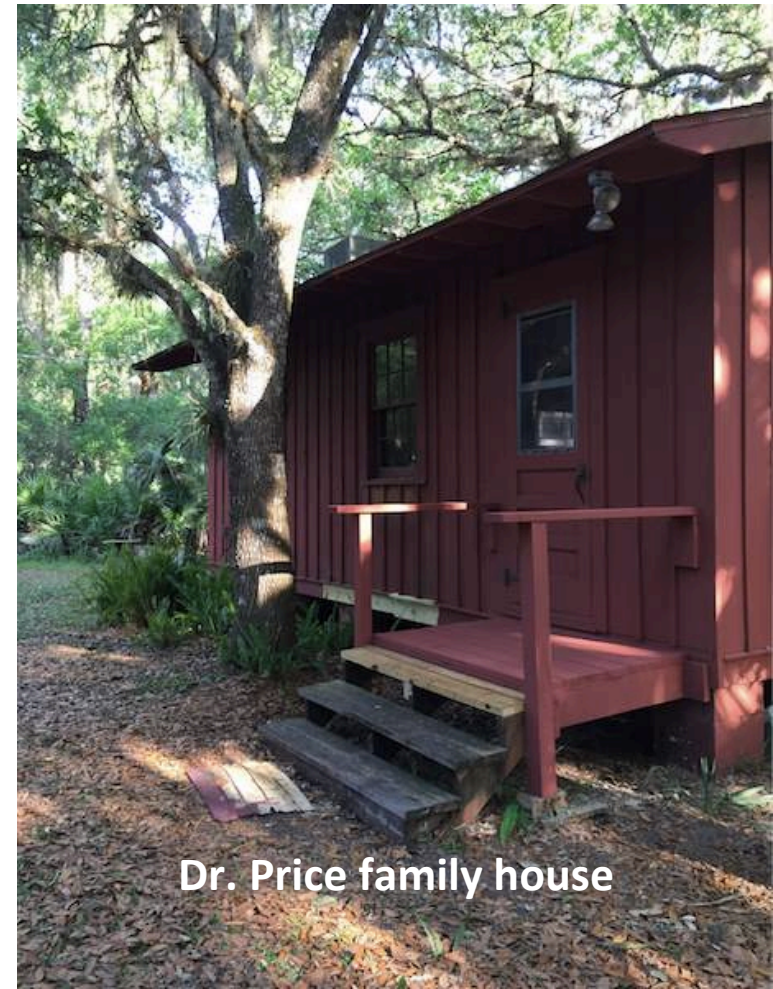
Arroz con gandules y pernil



Real Florida Experience



- April, 20:
- Breakfast with Dr. Price and Dr. Frick at Chuluota
- Hunting histories!!



Dr. Price family house

- Black Hammock Fish Camp:
- Air boat ride
- Lunch - gator tacos



- Alligators and us!

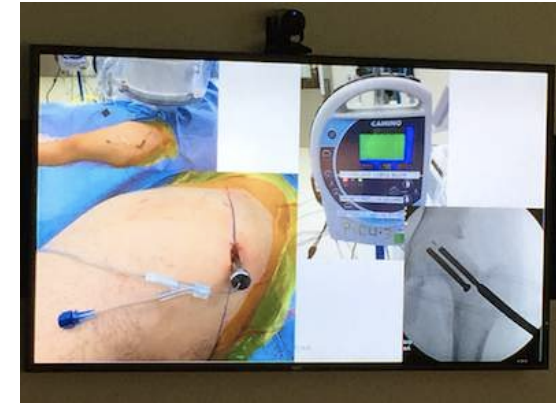
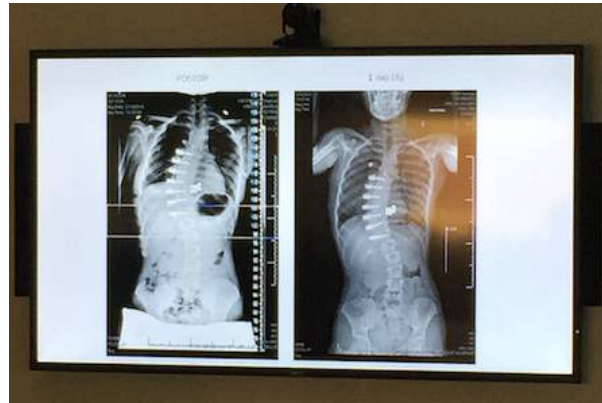


Second Stop: PHILADELPHIA!

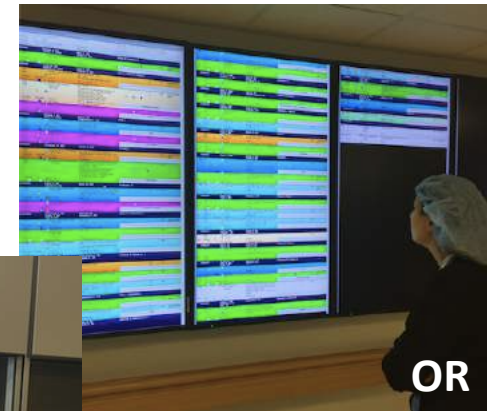
- April, 21:
- CHOP: Dr. Alex Arkader



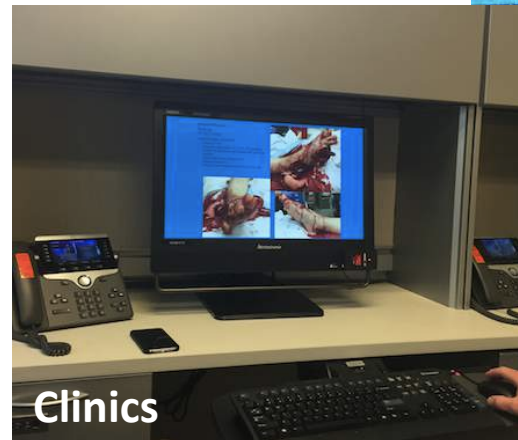
- Case discussion



- OR – Dr. Sankar



- Clinics – Dr. Arkader / Dr. Horn



The Children's Hospital of PhiladelphiaTM



- Dinner at Distrito – Mexican Restaurant





Shriners Hospitals for Children®
Philadelphia

Love to the rescue!

- April, 22:
- Dr. Martin Herman

- Case discussion/ Lectures

- OR – Dr. Franklin
- Clinics – Dr. Van Bosse

Dr. Herman/ Dr. Pizzutillo



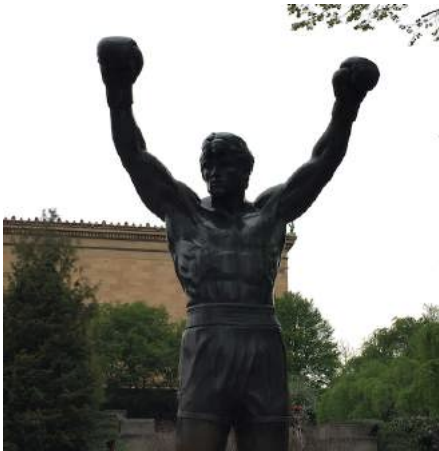
**St. Christopher's
Hospital for Children**



Shriners Hospitals for Children®
Philadelphia

Love to the rescue!

- Afternoon with Dr. Herman
- The Liberty Bell
- Rocky Balboa Stairs





Shriners Hospitals for Children®
Philadelphia

Love to the rescue.®





Shriners Hospitals for Children®
Philadelphia

Love to the rescue!

- Dinner with faculty



Third Stop: NEW YORK!

- April, 23:
- Arriving NY - Dr. Emily Dodwell
- Dinner – the Spice Market (meatpacking district)



HOSPITAL
FOR
SPECIAL
SURGERY

WHERE THE
WORLD COMES
TO GET BACK
IN THE GAME



- April, 24:
- Brunch NY Athletic Club
 - Dr. Green/ Dr. Dodwell / Dr. Doyle
- Rooftop: Central Park view



- Broadway musical – On your feet –
Dr. Dodwell



HOSPITAL
FOR
SPECIAL
SURGERY

WHERE THE
WORLD COMES
TO GET BACK
IN THE GAME

- April, 25:
- Case Conference
- Lectures



HOSPITAL
FOR
SPECIAL
SURGERY

WHERE THE
WORLD COMES
TO GET BACK
IN THE GAME

- Clinics
 - Dr. Blanco / Dr. Dodwell
- OR
 - Dr. Widmann / Dr. Green
- Dinner with faculty –
Wolfgang's Steakhouse



Fourth Stop: INDIANAPOLIS!



- April, 26/30:
- JW Marriott
- POSNA Annual Meeting





• A lot of knowledge...

Discussion

- Recurrence after 2.5 years:
- "The tendon is transferred after the first or second relapse in children older than two-and-a-half years of age when the A.T. tendon has a strong supinatory action."

Reduction aides & techniques

- Traction
- Rotation
- Bone hook
- Clamps (Weber, Collinear, etc)
- Mini frag plate
- Pinball

CAMPBELL CLINIC Orthopedics

Methods

Study participants:

- Junior residents (n=6)
- Senior residents (n=4)
- Attendings (n=8)

Clinical scenario:

- 13 y/o male s/p fall on an outstretched hand with an uncomplicated displaced and angulated distal radius fracture

... and cast the fracture as in the ED of fluoroscopic imaging

The Dislocated Hip in Arthrogyposis

- Present in about 30% of patients
- Teratologic dislocations
 - Occur much earlier in gestation compared to idiopathic congenital dislocations
 - Higher and stiffer dislocations

Discussion

- What is the best LLD in hemiplegic CP???
- Treatment Guidance?

Closed fractures

- Pulseless supracondylar
 - No angiogram
 - Immediate CRPP

Pulse return → observe
Ischemic, white hand → explore

Eliminating Waste

- A systemic method for the elimination of waste ("Muda") within a process
- "Muri": waste created through overburden (pushing people or machines beyond their limits)
- "Mura": waste created through unevenness in work loads

"Only the last turn of a bolt tightens it— everything else is just movement."

Results: Meta-analysis

Surgery was associated with a statistically significant improvement in most patient outcomes

Outcome Measure (Best Worst Score Possible)	Conservative management (No. of knees)	Surgical Treatment (No. of knees)	P value	MDOR (95% CI)
Visual Analogue Scale (0-100)	83.7 (133)	85.2 (87)	0.08	—
Wagner Activity (0-5)	—	4.8 (70)	—	—
Single Injury Disability/Activity Outcome Score (MDOR)	91.2 (96)	95.0 (97)	<0.0001	6 - 8.1
KOOS - Symptoms (0-100)	81.1 (88)	82.1 (88)	1.2	5 - 8.5
KOOS - Functional in Daily Living (0-100)	82.5 (88)	85.0 (88)	<0.0001	7.5 - 8
KOOS - Sports & Rec (0-100)	80.4 (88)	86.0 (88)	<0.0001	5.8 - 7.1
MDOR - Quality of Life (0-100)	77.6 (88)	88.3 (88)	—	7.2 - 7.7

DISCUSSION

- "The decision is more important than the incision" (Mercer Rang)
- Important decisions for outcome
 - HSL or no HSL
 - Medial HSL alone vs. combined medial/lateral
- Unimportant decision for outcome

Study Design: Associated Factors

- Examine if certain factors predispose to revision (OI type, gender, age, femur vs tibia, simultaneous vs staggered rodding)
- Ambulatory status: used GMFCS scale

From Reeder J, Orvill E. Inagers in clinical medicine: Adults with OI. NEJM 2008

The Prevalence and Severity of Burnout Among Academic Orthopaedic Departmental Leaders*

only 22% are satisfied with their position
35% emotional exhaustion
25% frequent irritable behavior with family

Approach with Empathy

JBJS, 2007

Conclusions

- Past studies have reported conflicting results and a wide range of effect sizes
- This meta-analysis distills this information providing concise summary statistics for each factor
- Maternal and paternal smoking, elevated maternal BMI at conception, and amniocentesis are potentially modifiable risk factors associated with increased risk of clubfoot and may play an important role in counseling patients before and during pregnancy, and ultimately may reduce clubfoot incidence

Retrograde Flexible Nailing of Pediatric Femoral Shaft Fractures

- Often Considered the Ideal Treatment for Children Aged 5-11 Years
- Medial-Lateral and All-Lateral Constructs May Be Used

No Biomechanical Studies Have Compared Retrograde Flexible Intra-medullary Nail Constructs in a Pediatric Fracture Model

Five Common Misperceptions

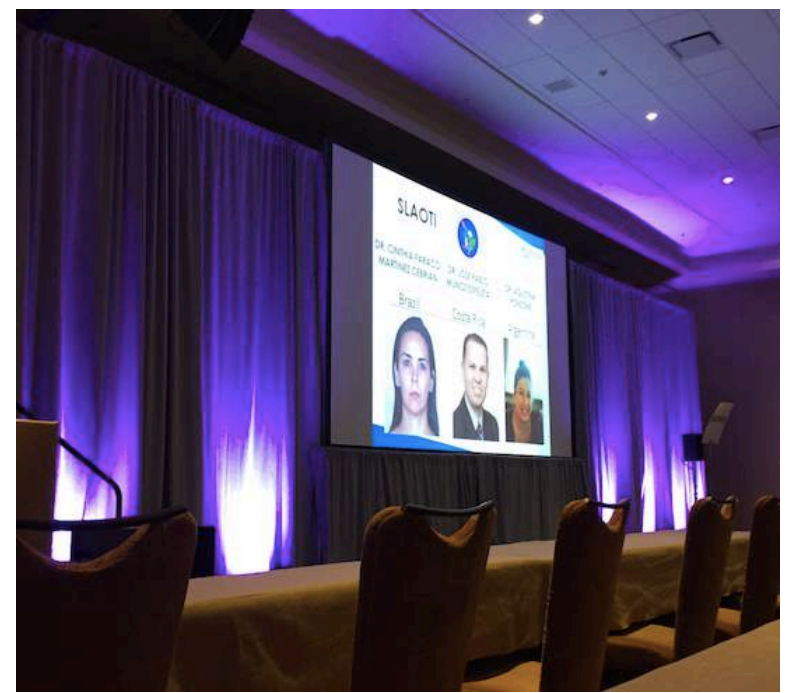
1. Toddlers rarely break their femurs
2. Lots of force is required to break the femur
3. There is a high risk of abuse when a young child has a femur fracture
4. If unsure, then report it, it can't hurt.
5. "Strong evidence" supports that children younger than 36 months with a diaphyseal femur fracture be **evaluated** for child abuse". AAOs 2009 and 2015 CPG

Children's Mercy
AAO - released only



POSNA

PEDIATRIC ORTHOPAEDIC SOCIETY
OF NORTH AMERICA





We would like to thank POSNA, SLAOTI and everyone who was involved in this project. It was a big honor being part of this.

We met amazing people, full of knowledge and worried with the most important thing, the child.

Now, we are back home, with new ideas and thoughts to change the place we live.

Thank you!!

Agustina, Cinthia and José.